Mission and Community Service Leave Request Form

Benefit: Eligible staff can take a maximum of ten (10) working days during every three (3) calendar years. Employees can also add their vacation time to the mission and community service leave benefit or take time without pay, all subject to the approval of their supervisor.

Eligibility: Staff members, who have completed six (6) months of service and work in a regular, fulltime or regular, part-time position equivalent to at least half time, are eligible for Mission and Community Leave time.

Directions: The employee is to complete the ***Employee*** section of the form, forward to the Office of Human Resources. The Office of Human Resources will review for applicability to the policy and availability of requested time and forward to the employee to present to the Direct Supervisor/Department Manager. Human Resources does not approve or deny the time away. The Direct Supervisor and/or Department Manager should review to determine departmental needs, approve, or deny the request based on this factor and forward to the Divisional Vice President to acknowledge before returning to the Office of Human Resources for processing.

Step 1: To be completed by the EMPLOYEE:

Name: _____ Title: _____

Department: _____ Supervisor: _____

Event or Activity: _____ Organization: _____

Date(s): _____ Total # of workdays: _____

Employee Signature: _____ Date: _____

Step 2: To be completed by the Office of Human Resources:

Employee ☐ is ☐ is not eligible for Mission and Community Service Leave

This activity ☐is ☐is not applicable under the Mission and Community Service Leave Policy, categorized as:

- ☐ University Sponsored Spiritual Retreat/Trip
- ☐ University Sponsored Service Trip
- ☐ Chaperone Service Trip
- ☐ Community Service Activity
- ☐ Non-University Spiritual Retreat or Conference
- ☐ Other

Human Resources Representative: _____ Date: _____

Step 3: To be completed by Department Leadership:

This request ☐ is ☐ is not approved for Mission and Community Service Leave

Direct Supervisor: _____ Date: _____

Department Manager (if applicable) _____ Date: _____

Divisional Vice President: _____ Date: _____

Step 4: Final Steps:

The Office of Human Resources will send an email indicating approval or denial of the request to the employee, with a copy to the Direct Supervisor and/or Department Manager and Divisional Vice President, as well as Payroll, if approved.

Human Resources Only	
Estimated Length of Mission Leave Verified:	Normal Hours/Week Verified:
☐ Request Approved ☐ Request Denied	Number of Hours Approved:
HR Signature:	Date:
Payroll Verification	
Payments begin:	Payments end:
Payroll Signature:	Date: